

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

Douglas R. Vaughn

Plaintiff(s)

v.

Deputy Pidea, et al.

Defendant(s)

Civil Action No. 1:19-cv-564 (LMB/TCB)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Deputy Pidea
Loudoun County Sheriff's Office
803 Sycolin Rd
Leesburg, VA 20175

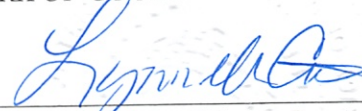
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Douglas Vaughn
c/o USDC EDVA
401 Courthouse Square
Alexandria, VA 22314

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk

Date: 09/03/2020

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Civil Action No. 1:19-cv-564 (LMB/TCB)

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Deputy Pidea
 was received by me on (date) 9/10/2020.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☒ I returned the summons unexecuted because LCSD has no record of any "Pidea"; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date:

9/23/2020

Server's signature

Printed name and title

401 Courthouse Sq. Alexandria, VA
 Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

| | |
|-----------------------------------|----------------------------------|
| PLAINTIFF Douglas R. Vaughn | COURT CASE NUMBER 1:19-cv-564 |
| DEFENDANT Deputy Pidea, et al. | TYPE OF PROCESS S & C |

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 Deputy Pidea
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Loudoun County Sheriff's Office, 803 Sycolin Rd., Leesburg, VA 20175

| | | |
|---|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Douglas R. Vaughn c/o USDC EDVA- Alexandria 401 Courthouse Square Alexandria, VA 22314 | Number of process to be served with this Form 285 | 1 |
| | Number of parties to be served in this case | 1 |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

| | | | |
|---|---|----------------------------------|----------------|
| Signature of Attorney other Originator requesting service on behalf of: Lynnelle Creek- Deputy Clerk | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 703-299-2100 | DATE 9/3/20 |
|---|---|----------------------------------|----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|--------------------------------------|-------------------------------------|--|--------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process <u>1</u> | District of Origin No. <u>C83</u> | District to Serve No. <u>C83</u> | Signature of Authorized USMS Deputy or Clerk <u>Jewel Dodge</u> | Date <u>9-10-2020</u> |
|---|---------------------------|--------------------------------------|-------------------------------------|--|--------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date <u>9/23/2020</u> Signature of U.S. Marshal or Deputy <u>[Signature]</u> |

| | | | | | |
|-------------|--|----------------|---------------|------------------|--|
| Service Fee | Total Mileage Charges including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal (Amount of Refund) |
| | | | | | \$0.00 |

REMARKS:

Loudoun County Sheriff's Office has no record of anyone w/ last name of "Pidea"

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED